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ABSTRACT

Severely emotionally disturbed (SED) adolescents are at high risk for substance abuse, self-abuse, and suicidal thoughts and behaviors. A study explored the prevalence of depression and suicidal thoughts among Mexican American youth identified as SED, and examined teacher and student experiences of suicidal thoughts and behaviors among SED adolescents. The Beck Depression Inventory (BDI) and Personal Experience Screening Questionnaire were administered to 31 Mexican American SED adolescents in 6 targeted special education classes in 2 rural schools near the Mexican border. Eight students and all six teachers were interviewed. BDI results revealed that 10 of the 31 students had feelings of hopelessness or desire to kill themselves, and 16 were moderately to severely depressed. Results of the screening questionnaire suggested that 10 of the 31 students might have problems with drug or alcohol use. Of the eight students interviewed, four had attempted suicide and an additional three had suicidal thoughts in the past; all reported social and interpersonal conflict at home and school; all had severe family problems; and six felt that special education placement had contributed positively to their emotional and psychological development. All three females interviewed had attempted suicide in the past 3 years, with associated factors being sexual abuse and severe distress in the home. All five males interviewed had a history of violence and aggression. Nearly all teachers had had experiences with suicidal students and felt that they lacked appropriate training and referral knowledge. (SV)

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Suicidal Behaviors and Factors Related to Suicide Among Mexican American Youth Identified As Seriously Emotionally Disturbed in Rural Settings

Introduction

After having been both a special educator and special education counselor in the public schools working with children and adolescents identified as SED, I came to realize the need for students to have access to appropriate interventions and an avenue in which to seek help when they are in crisis. It has been my experience from working with troubled children and adolescents that many have felt emotionally abandoned by the school system. The stigmatism that *special education* placement may bring along with a diagnosis of *emotionally disturbed* left many of our school-aged adolescents relegated to a demeaned social status at school. These feelings of abandonment coupled with the everyday stressors of normal developmental processes (e.g., peer bonding and socialization, sexual development and orientation) left some adolescents in special education without the appropriate defenses to deal with these issues or the social capital to know how to seek safe interventions.

The majority of children and youth I worked with suffered from a variety of problems such as depression, sexual abuse, physical abandonment, psychiatric histories, physical abuse, and repeated academic failure. Many of these students were substance abusers, while others were more immediate in their self-abuse (e.g., cutting themselves with razors, burning their arms with lit cigarettes, sexual promiscuity). As a special educator I became aware of students' suicidal wishes. Frequently, suicide attempts were made when an adolescent was depressed or under the influence of alcohol or drugs.

It is my absolute belief that all school-aged youth are in desperate need of a comprehensive school intervention program that addresses factors related to suicide and suicidal thoughts. At the very least, teachers need to become aware of how to identify and refer students who may be at-risk for suicidal behaviors. It is also my absolute belief that student voices need to be heard in a holistic manner. Students do not come to school compartmentalized and fragmented and able to leave their home life, peer life, and pain at the school door. Educators must look at children from the context from which they evolve.

The purposes of the study

The primary purposes of this study were to explore, both quantitatively and qualitatively: (a) the prevalence of suicidal thoughts among Mexican American youth

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enrolled in special education classes for SED, (b) the prevalence of depression among Mexican American adolescents identified as SED, and (c) teacher, parent, and student experiences and knowledge of suicidal thoughts or suicidal behaviors among adolescents identified as SED.

Setting

Texas has been cited as one of four states with the largest numbers of non-English speaking populations in the United States. New Mexico, Texas, Arizona, and California have the highest percentage of Hispanics within their population. This study was conducted in two rural school districts adjacent to Mexico, (a) Capote Independent School District in Capote, Texas; and (b) Antonio Independent School District in Antonio, New Mexico. Fictitious names have been used in identifying both school districts. Both southwest communities have large Mexican American populations and are within 5-25 miles from the U.S.-Mexico border. Additionally, in both rural communities farming is the primary industry followed by construction and mining. Unemployment rates for the two rural areas average over 8%.

The Personnel Office within the Capote Independent School District reported an enrollment of 400 students in special education, with 98% of these students identified as Hispanic during the 1994 academic year. The Personnel Office in Antonio, New Mexico reported a special education enrollment of 570, with 92% of this student population identified as Hispanic. In both communities, the overwhelming majority of students are from Mexican American backgrounds. Placement of Hispanics in special education is reflective of the total school population.

Instruments

The Beck Depression Inventory (BDI; Beck, 1993) was administered to 31 adolescents enrolled in 1 of the 6 targeted special education classes for students with severe emotional disturbances. The BDI is a 21-item test presented in a multiple choice format. It is intended to assess cognitive, affective, and somatic components of depression in adolescents and adults. Each question provided for a Likert-type response of 0 to 3. A zero response meant the depressive symptom was not present and a 3 response meant the symptom was severe. The total BDI score was the sum of the individual items. Total scores can range from 0 to 63.

The Personal Experience Screening Questionnaire (PESQ, Winters, 1991) was administered to 31 adolescents enrolled in 1 of the 6 targeted special education classes for students with severe emotional disturbances. The PESQ consists of three parts and is intended to aid service providers in the identification of drug abuse in teenagers. Part I contains 21 questions, 18 of which deal with drug involvement and 3 questions address items relative to faking-bad response tendencies. Items 1-21 are presented on a Likert-type scale ranging from *never* to *often*. Part II contains 8 psychosocial items that are relative to problems common in chemically abusive adolescents, with an additional 5 items that address faking-good tendencies. These items are presented in a *yes* and *no* format. Part III contains 6 items which deal with drug use history. These items asked the subjects to indicate how many times they

have used a specific drug. Problem severity varies according to the subjects age and sex.

Interview Process

Eight of the 31 students and all six teachers were selected to participate in an indepth interview process. Students and teachers were interviewed three times each. Student selections were based on class volunteers. Students were told the purpose of the study and asked to volunteer. Students were given a copy of the Information for Participants and asked to read it. The researcher also read it to the student and asked if he/she had any questions. It was believed that if students knew the purpose of the study, they would be able to make informed decisions regarding their own participation. In cases where there was only one female in a classroom, the female was asked to participate. Since females in classes for severe emotional disturbances are few, it seemed *critical* to interview them.

Research Questions and Annotated Findings

1. For the population of Mexican American students (age range 13 -18) enrolled in special education classes for SED, what is the prevalence of suicidal thoughts? Of the 8 students interviewed, 4 students had attempted suicide and 3 students had stated that they thought about suicide in times of stress. Results of the BDI also indicated that at least 10 of the 31 students who volunteered to take the BDI indicated feelings of hopelessness or a desire to kill themselves. These are two primary indicators of suicide potential.

2. For the population of Mexican American students (age range 13 -18) enrolled in special education classes for SED, what is the prevalence of depression? All eight students interviewed stated that they had suffered from profound sadness in the past, with two students admitting current depression. BDI scores revealed that 16 of the 31 students scored in the moderate to severe range for depression.

3. For the population of Mexican American students (age range 13-18) enrolled in special education classes for SED, what is the prevalence of substance abuse? Of the 8 students interviewed, only 1 student stated that he was a current abuser of drugs and alcohol. Results of the PESQ indicate that 10 of the 31 students received scores which may signal problem use of drugs or alcohol.

4. What knowledge and experience do students, parents, and special education teachers have relative to suicide? As indicated before, 4 of the 8 students interviewed had attempted suicide in the past, with an additional three students indicating suicidal thoughts in the past. Of the 8 students interviewed, 4 stated that they had friends who had attempted suicide. Nearly all special education teachers interviewed stated that they had experiences with student suicide attempts or students verbalizing suicidal thoughts. One teacher shared as many as eight examples of students who had attempted suicide. Only one parent had knowledge of suicidal behaviors.

5. What role does social and interpersonal conflict play in suicidal thoughts among Mexican American adolescents enrolled in classes for SED? Of the eight students interviewed, all students reported social and interpersonal conflict, both at home and at school. Social and interpersonal conflict manifested itself in an inability to get along with family members, teachers, and peers. Of the five male participants, all had a history of violence and aggression.

6. What role do family dynamics play in suicidal thoughts among Mexican American adolescents enrolled in classes for SED? All students interviewed stated family problems as a primary factor to their placement into special education. Familial distress consisted of physical abuse, emotional abuse, psychological abandonment, spousal violence, aggression in the home, scapegoating of one child in the family, and substance abuse. For the four students who attempted suicide, family problems were seen as a primary factor associated with their attempt.

7. What role do personal attitudes toward school play in suicidal thoughts among Mexican American adolescents enrolled in classes for SED? Of the eight students interviewed, the majority of students felt that regular education teachers did not value them on a personal level, with all of the students stating that they wanted a teacher who would listen to them and care about them. For the majority of the students interviewed, school prior to placement into special education, was a painful experience.

8. What role does special education placement play in suicidal thoughts among Mexican American adolescents enrolled in classes for SED? With the exception of two students, all of the students interviewed felt that special education had contributed positively to their emotional and psychological development. Two of the six students no longer saw special education placement as positive. Longevity in the program may have influenced theses students' attitudes toward placement. Those stating the most positive attitudes toward special education had been in the program for less than one year. It seems that special education placement for students with emotional problems may reach a point of saturation and the program goals prove ineffective after a period of time.

Integrated Discussion of Findings

Students interviewed shared their stories as to how they came to be students enrolled in special education classes for severe emotional disturbance. All students indicated distressed family systems as primary contributors to their behavioral and emotional problems. Results of the interview data indicates that 4 of the 8 students attempted suicide. Three of the students that attempted suicide required psychiatric hospitalization prior to placement into special education. An additional three students said that they had thought about suicide in times of stress. The eight interviewed students represented six special education classrooms in rural New Mexico. Given these high numbers of suicide attempts, it becomes suspect as to the whether this is a

representative sample of other classrooms serving high numbers of Mexican American youth in rural settings.

What is especially interesting is that 3 of the 4 students who attempted suicide were female. Further, all females interviewed had attempted suicide within the past two years. Female students stated primary factors associated with their attempted suicide was incest, rape, and severe distress in the home. These findings may suggest that the prevalence of sexual abuse among females in classes for SED warrants further investigation. It is well-documented in the literature that sexual abuse is associated with self-destructive behaviors and possible diminished cognitive functioning. If placement into special education is intended to provide therapeutic interventions, special educators must consider the impact that sexual abuse and suicidal behaviors have on an adolescent's perception of everyday reality.

Another issue that became prevalent along gender lines is the type of depressive features manifested by males and females. All five males interviewed had a history of violence and aggression. The literature often associates these types of behaviors with a type of depression known as "masked depression." This type of depression is one of the most prevalent types of depression in children and adolescents. Most violent and aggressive behaviors in the male students stemmed from feelings of abandonment and severe familial problems. Of the male students, 4 of the 5 males described feelings of emotional and psychological abandonment by primary adults in their lives. Possibly, for the male adolescent who is "acting out" aggressively, schools may refer these students to alternative school placements without the benefit of appropriate identification. Consequently, these children are may be seen as "conduct disordered" as opposed to children with emotional problems.

Substance abuse was evident in 2 of the 5 male students' households and in 1 of the 3 female households. This substance abuse often became a precursor to verbal and physical abuse between family members, with 2 of the 5 males and 1 of the 3 females detailing extreme violence in their homes. Surprisingly, only one male student stated that he was a current user of substances. Of the remaining 4 males, however, 2 stated that they were past abusers of substances. No female stated having had current substance abuse problems.

Females described their depressive features as feelings of extreme sadness, crying, and anxiety. Even though these are typical characteristics of depressive symptoms, it took 2 of the 3 females attempting suicide and psychiatric hospitalization before they were placed into special education. This finding may imply that boys who are acting out are the first to receive appropriate intervention and that females must take more drastic measures to receive needed intervention.

In the homes of all eight students, families were in need of intervention. All families had problems which consisted of one or more of the following: substance abuse, physical abuse, verbal abuse, spousal violence, scapegoating of children, physical abandonment, and emotional abandonment. In many cases, students stated that their

families modeled the aggressive and violent behaviors that they later used as a means of solving conflict. It would seem that in order for adolescents to receive healthy intervention, the families must also be a part of that therapeutic intervention. In only 1 of the 6 targeted schools was there active school intervention for the families of students identified as SED. In two other cases, the researcher was made aware that families were seeking community mental health services.

Interview data revealed that students were well-aware of suicide and factors associated with the suicidal youth. Of the 8 students interviewed, 4 knew of another adolescent who had attempted suicide. The interviewed students cited depression, family conflict, difficulty with developmental transitions, physical abuse, and feelings of abandonment as major factors associated with attempted suicide. Interestingly, all the adolescents interviewed cited depression as prevalent among school-aged youth. Suicide was also seen as a way to end problems, primarily family problems. What was also evident and of concern is that students were often placed in situations where they provided assistance to their suicidal peers. Of the 8 students interviewed, 2 described situations where they actually intervened in their friend's suicide attempt. This is a great burden to place on peers whose own development leaves them unprepared to face such a crisis. No student interviewed sought the help of an adult in times of suicidal crisis. This may mean that students do not view adults, including school personal, as someone they can go to in a time of need.

The role the school played in augmenting or abating existing suicidal thoughts and behaviors was addressed. From data obtained from the interviews, it was evident that special education for at least 6 of the 8 students provided a safety net. Students stated that they felt that the relationship they had with their teacher was most instrumental in their own positive transformations. The interviewed students who indicated positive relationships with their teachers stated that their teacher was trustworthy, empathic, genuine, respectful, and saw students as individuals. For these students, teachers were seen as a confidant and someone who they could trust with day-to-day problems. It was not evident that these students would, however, seek assistance from their teachers for suicidal thoughts or behaviors. Students who stated a positive relationship with their teacher also enjoyed a more integrated school day where they were encouraged by their teachers to join in school activities.

For the two students who disliked their special education placement, the male student had been in special education for approximately 6 years and the female student had been in special education for approximately 2 years. Both of these students saw their special education placement as punitive rather than restorative. These students were required to "earn" privileges such as walking down the hall alone. Both of these students also saw their placement as offering little flexibility and freedom. This finding may imply that students are seeking interventions based on more humanistic models of classroom instruction as opposed to strict behavioral modification models.

Special education teachers, like students, saw the teacher role in the classroom as

more humanistic in nature. All special education teachers stated that they sought to engage the students on a personal as well as academic level. They also indicated that they were in consistent contact with students who had suicidal thoughts or behaviors. Of the 31 students screened in the areas of depression and substance abuse, 18 students received scores on the BDI in the moderate to severe range for depression and 10 students received scores which may signal problem use of drugs or alcohol on the PESQ. There appears to be a critical need for a more thorough investigation into adolescent depression and substance abuse. As alarming, 12 of the 31 students indicated feelings of hopelessness and/or thoughts of killing themselves.

Special education teachers found themselves in situations where they were expected to counsel suicidal adolescents without the benefit of appropriate training or referral knowledge. Only two special education teachers stated that they had had formal training in the area of suicide. With regard to a school policy relative to suicide intervention two special education teachers knew of a formal policy. The remaining special education teachers created their own policy with the help of school counselors or school psychologists. What is dangerous is that many of the special education teacher interviewed felt alone in helping students out of difficult crisis situations.

Finally, information obtained from the parent group revealed that parents of young adolescents saw their children as having typical behavioral problems as opposed to severe emotional disturbances. When interviewed as a group, parents indicated that they saw their children as suffering from periods of sadness with few mentioning depression. Only one parent indicated that she felt her child was at a possible risk for self-abusive behaviors. It should be noted that the parents who were interviewed as a group had no contact with the interviewer prior to the interview. Consequently, information yielded did not entail the depth and richness as received in the student and teacher interviews. Possible explanations: (a) parents were suspect of the interviewer, because the interviewee had not formed a prior relationship, (b) parents were reluctant to speak about personal family issues in a group, or (c) parents may have preferred speaking to the interviewer on a one-to one basis. In any cases, it is recommended that this study be replicated utilizing one-to-one interviews with the parents and following the three interview format.

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